

## INTERACTIVE PROCESS MEETING (IPM document)

### I. Employee Information

Date:

Name of Employee	
Employee Number	
Job Title	
Work Restrictions	

### II. Does Employee agree with Restrictions: Y / N

Discuss & note restrictions or issues as applicable:

### III. Review of Essential Job Functions: (Compatible with Restrictions: Y / N)

If not, clarification will be obtained by \_\_\_\_\_, by (date) \_\_\_\_\_.

### IV. Determine eligibility for FMLA or CFRA

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### V. Is there reasonable accommodation which can be made to perform essential job function(s)?

Circle one	List what was discussed to reach this conclusion.
No	
Yes	

Main points of discussion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_

**VI. Specific Plan of Action:**

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**VII. Type of Accommodation Agreed Upon (if applicable):**

☐WHTAA    ☐CAA    ☐U&C with or w/out accom.    ☐Alt/Mod with or w/out accom

☐Other: \_\_\_\_\_

**Agreed Follow-up Date:** \_\_\_\_\_

**Interactive Process Meeting Sign-in Sheet**

Attendees	Name	Signature	Date
Employee			
Supervisor			
ADA Coordinator			
Division's Representative			
Division's Representative			
RTW Representative			
RTW Representative			
HR Manager or Designee			
Other			